

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7563	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Samuel L. Stamper P.O. Box, Bldg., Room No., if any Street 11035 South 437 City Locust Grove State Oklahoma ZIP Code + 4 74352-4432	4. Name, file number, and address of labor organization. Name Plumbers and Pipefitters LU 430 Labor Organization File Number 540908 P.O. Box, Building and Room Number, if any Street 2908 North Harvard Ave. City Tulsa State Oklahoma ZIP Code + 4 74115-2404
5. Position in labor organization. Examining Board	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Samuel L. Stamper	On 07/14/2005 Date	(918) 479-6444 Telephone Number

Street: 6602 East 46th Street City: Tulsa State: Oklahoma ZIP Code + 4: 74145-4805	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4:	
11.a. Nature of such dealing. Local Union negotiates contracts and agreements with signatory contractors for contributions made to the Training School	
11.b. Approximate dollar value of such dealing. <u>Unknown</u>	
12.a. Nature of interest held or income received. 8/11/2004 Expenses for Union Officer to attend training school in Ann Arbor, Mich., and wages for teaching Apprenticeship School. Air Fare \$158.00 Hotel \$241.00 Food \$65.00 Wages \$8,901.00	
12.b. Amount. \$9,365	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4:	
14.a. Nature of payment.	
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	
14.b. Amount of payment.	